

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
NORTHERN DIVISION**

MICHAEL A. TAYLOR,

Plaintiff,

v.

PIKE COUNTY JAIL,

Defendant.

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No. 2:15-CV-0041-NAB

MEMORANDUM AND ORDER

This matter is before the Court on plaintiff's pro se complaint. The complaint is defective because it has not been drafted on a Court-provided form, *see* Local Rule 2.06(A), and because plaintiff has neither paid the filing fee nor submitted a motion to proceed in forma pauperis along with a prison account statement, *see* 28 U.S.C. § 1915(a).

Accordingly,

IT IS HEREBY ORDERED that the Clerk shall mail to plaintiff a copy of the Court's form Prisoner Civil Rights Complaint.

IT IS FURTHER ORDERED that the Clerk shall mail to plaintiff a copy of the Court's Motion to Proceed in Forma Pauperis - Prisoner Cases.

IT IS FURTHER ORDERED that plaintiff shall file an amended complaint on the Court-provided form within (30) days of the date of this Order.

IT IS FURTHER ORDERED that plaintiff shall either pay the \$400 filing fee or submit a motion to proceed in forma pauperis within thirty (30) days of the date of this Order.

IT IS FURTHER ORDERED that if plaintiff submits a motion to proceed in forma

pauperis, he must also submit a certified copy of his prison account statement for the six month period immediately preceding the filing of his complaint.

IT IS FURTHER ORDERED that if plaintiff fails to comply with this Order, the court will dismiss this action without prejudice. If the case is dismissed, the dismissal will not constitute a "strike" under 28 U.S.C. § 1915(g).

Dated this 12th day of June, 2015.

/s/ Nannette A. Baker
NANNETTE A. BAKER
UNITED STATES MAGISTRATE JUDGE

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
_____ DIVISION**

_____)
_____)
_____)
_____)
_____)

(Enter above the full name of the Plaintiff[s]
in this action.))
)
)
)

- vs -

Case No. _____
(To be assigned by Clerk
of District Court)

_____)
_____)
_____)
_____)
_____)
_____)
_____)
_____)

(Enter above the full name of **ALL** Defend-)
ant[s] in this action. Fed. R. Civ. P. 10(a))
requires that the caption of the complaint)
include the names of **all** the parties. Merely)
listing one party and "et al." is insufficient.)
Please attach additional sheets if necessary.)

COMPLAINT

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

II. Plaintiff, _____ resides at

_____, _____, _____,
street address city county

_____, _____, _____.
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, _____ lives at, or its business is located at

_____, _____, _____,
street address city county

_____, _____.
state zip code

(if more than one defendant, provide the same information for each defendant below)

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

V. Relief: State briefly and exactly what you want the Court to do for you.

VI. **MONEY DAMAGES:**

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES

NO

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES

NO

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20____

Signature of Plaintiff(s)

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI**

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)	
Plaintiff(s),)	
)	
v.)	No. _____
)	
)	
)	
Defendant(s).)	

MOTION TO PROCEED IN FORMA PAUPERIS
AND FINANCIAL AFFIDAVIT

I, _____, hereby apply for leave to proceed in this action without prepayment of fees or costs and without giving security therefor. In support of this application, I declare that the following facts are true:

- (1) I am the plaintiff in this case and I believe I am entitled to relief.
- (2) Because of my poverty I am unable to prepay the costs of this proceeding or to give security therefor.
- (3) The nature of my action, defense, or appeal is briefly stated as follows:

I declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 20____.

Signature of plaintiff

FINANCIAL AFFIDAVIT

Rev. 5/98

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

☐ MAGISTRATE☐ DISTRICT☐ APPEALS COURT or☐ OTHER PANEL (Specify below)

IN THE CASE OF

V.S.

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult
2 ☐ Defendant - Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ _____ _____	
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE DESCRIPTION _____ _____ _____ _____	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS ____ SINGLE ____ MARRIED ____ WIDOWED ____ SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____ _____
		APARTMENT OR HOME: _____ Creditors _____ Total Debt _____ Monthly Paymt. _____		
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	_____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)